VetsRoll, Inc® USE ONLY (Rev: 6-6-26): NAME _____ DATE RECEIVED: _____

VetsRoll, Inc® Veteran/ 'Rosie' Application

- ***Active duty 12/31/75 or earlier****
- ***First preference to age 85+ as of February 15, 2027***
- ***Our 18th Year!!***

***Honorably discharged w/DD-214**

Sunday, May 23rd - Wednesday, May 26th, 2027

Please send your completed application to:

Mail: VetsRoll, Inc®
PO Box 26
Beloit, WI 53512-0026

Phone: 815-389-9630 (M-Sa)
Fax: 815-389-9631
E-mail: Applications@VetsRoll.org

IMPORTANT NOTE: VetsRoll 2027 selections require a signed COVID Acknowledgement and Assumption of Risk Release

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Your full name as it appears on your driver's license or state ID:

First: _____ Middle: _____ Last: _____

Nickname: _____ Date of Birth: ____/____/_____ Gender: Male / Female

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: (H) (___)_____ (C) (____)_____

Active Email Address (***Required***): _____

Shirt size (Please Circle): Small Medium Large X-Large 2XL 3XL 4XL 5XL

Service History* **(*Veterans/Rosies 85+ as of February 15, 2027, receive first priority…you do *NOT* need to be a combat Veteran)**

Years Served in the military? 19____ thru 19___ Honorably Discharged? Yes___ No ___ Attained Rank: _____

Do you have a copy of your DD-214? Yes ___ No ___ Service Branch (or Civilian Duties): _____

Battle theater (if applicable), service citations, 'Rosie' information (if applicable) & activities during service:

_____
_____
_____
_____
_____

VetsRoll, Inc® COVENANT NOT TO SUE AND AGREEMENT TO HOLD HARMLESS

1. For receiving permission to voluntarily board and participate with VetsRoll, Inc.® onboard the Charter Bus(es), which are chartered by VetsRoll, Inc.®, I (participant) _____, hereby DISCHARGE AND COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS, for any and all purposes, VetsRoll, Inc.® and their officers, directors, agents, volunteers, or charter employees FROM ANY & ALL liabilities, claims, demands, or injury (including death) that may be sustained by me as a result of my boarding the VetsRoll, Inc® Charter Bus(es) and/or my participation in any activities related to such trip while aboard and associated with the activities of VetsRoll, Inc.® and the Charter Bus(es), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

2. I am fully aware that there are inherent risks involved in boarding the VetsRoll, Inc.® Charter Bus(es) and/or participating in any activities associated with the VetsRoll, Inc.® trip, including but not limited to loss of balance, falling whether or not while onboard, nausea, cuts, broken bones and death and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY (INCLUDING DEATH) that may be sustained during or as a result of my boarding the VetsRoll, Inc.® Charter Bus(es) and/or participation in any activities aboard the VetsRoll, Inc.® Charter Bus(es), WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS the Releasees for any loss, liability, damage, or costs, including court costs and attorney(s) fees, which may occur as a result of my boarding and participation in same.

3. I understand that VetsRoll, Inc.® does not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

4. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Wisconsin.

5. I authorize designated representatives of VetsRoll, Inc®, its medical personnel and/or trip affiliates to take appropriate action deemed necessary in the event of an emergency, during my participation in related activities, and agree to indemnify and hold harmless the same, against any and all claim(s) arising out of said care.

6. I understand that as a participant of VetsRoll, Inc® trip and program, I am forbidden to carry any weapons, ammunition, or firearms for the duration of the trip.

7. Videographer(s) and/or photographer(s) have my permission to use my image or likeness in any public format (video, media, website, literature, etc.) for promotion of the VetsRoll, Inc® trip and program. I hereby waive any rights I may have of ownership or any compensation (financial or otherwise) and agree all use of my likeness in conjunction with VetsRoll, Inc® will remain the property of VetsRoll, Inc®, dba VetsRoll.org.

8. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future.

PRINTED NAME OF PARTICIPANT: _____

Participant Signature: _____ **Date:** _____

COVID ACKNOWLEDGMENT AND ASSUMPTION OF RISK RELEASE

I hereby acknowledge being aware of the COVID-19 pandemic, including the spread of coronavirus (the virus causing COVID-19) across the United States. In addition, I acknowledge being aware that some individuals have developed severe illness from COVID-19 and that some individuals have died as a result.

I hereby acknowledge that there are certain risks inherent with any travel with respect to potential exposures to and/or contraction of infectious diseases such as coronaviruses, including the COVID-19 virus and disease, as well as others, such as the Middle East Respiratory Syndrome ("MERS") and Severe Acute Respiratory Syndrome ("SARS") (collectively, "infectious diseases").

I understand that by participating in a VetsRoll, Inc® program, including, but not limited to, a trip to Dayton, OH and to Washington, DC and surrounding areas as specified herein ("Trip"), I may need to travel by bus for extended periods of time and that I will likely be present in crowded places including non-private areas accessible to and visited by many other members of the public.

I hereby further acknowledge that while the risk of exposure to and/or contraction of infectious diseases, such as COVID-19, can be mitigated, all risk cannot be prevented.

Therefore, I hereby assume those risks of exposure to and/or contraction of infectious diseases which are beyond the control of VetsRoll, Inc®, including their respective board members, directors, officers, employees, agents, affiliates, independent contractors and representatives (collectively, the "VetsRoll experience").

For the sake of clarity, I understand and agree that by assuming such risks, I am expressly releasing any and all claims against VetsRoll, Inc® associated with exposure to and/or contraction of infectious diseases during or after the Trip, including, but not limited to negligence claims against VetsRoll, Inc®.

I acknowledge that VetsRoll, Inc® does not have any particular expertise in dealing with infectious diseases such as COVID-19 and I acknowledge that I am participating on the Trip of my own free will.

Finally, I agree that VetsRoll, Inc® shall not be financially responsible for any medical bills or unexpected expenses that I may incur during the Trip, for example due to emergency or other medical treatment or any quarantine that may be required of me in connection with the Trip.

I acknowledge VetsRoll, Inc® is willing to discuss the foregoing with me and attempt to address any concerns I may request prior to my signing this document and that I have agreed to the foregoing conditions in consideration for the opportunity to promptly make the Trip.

Please send your completed application to:
VetsRoll, Inc PO Box 26, Beloit, WI 53512-0026

PRINTED NAME OF PARTICIPANT: _____

Participant Signature: _____ **Date:** _____

Do you have a friend that is an eligible Veteran, 'Rosie', or Assistant that you want to travel with?

If you know an eligible Veteran, 'Rosie' or Assistant that you would like to travel with, please print their name and number below and we will try but ***cannot guarantee*** you will be on the same trip and/or bus together**.**

Significant others are not eligible for the trip unless they are also an eligible Veteran or 'Rosie-the-Riveter'.

Friend's Name: _____ Phone: (_____) _____ Veteran/Assistant

Friend's Name: _____ Phone: (_____) _____ Veteran/Assistant

Only in special circumstances will assistants and Veterans be able to room together. **If you are an assistant and need to room with a Veteran, please explain the circumstances for this special request.**

_____

_____

_____

Be sure that both parties complete and submit the applications on the same date, to ensure that arrangements can be made.

Emergency Contact Information

In the event of an emergency (medical or otherwise), **we need to have two emergency contacts for each participant**.
One of the contacts must be someone who does not live at the same address as you.

First Contact

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (H) (_____) _____ (C) (_____) _____

Email (***Required***): _____

Second Contact

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (H) (_____)_____ (C) (_____)_____

Email (*If known*): _____

Important Information

VetsRoll, Inc® is proud to provide this trip at no cost to you, as an eligible Veteran or 'Rosie-the-Riveter', so that you will be able to finally enjoy visiting YOUR Memorials. Without your sacrifices, the world may very well not enjoy the freedom that it enjoys today!!

1) Our journey to Washington, DC will involve travel segments of approximately 3-1/2 to 4 hours. We will make regular stops to allow you to stretch, snack and use the restrooms. Please do not move about the vehicle while in motion. Not all seats are equipped with seatbelts and you accept any and all potential risks by occupying those seats.
2) While we will certainly make every attempt to make the trip as enjoyable and non-tiring as possible, we ask that you understand delays and poor weather are always a possibility.
3) I further understand and agree that my participation with VetsRoll, Inc® is strictly voluntary and that I will NOT receive any financial compensation for my participation.
4) **VetsRoll, Inc® may wish to share your name and phone number with the media and/or fellow travelers, for inquiries about the trip or your service. Do you grant permission for your information to be shared? Yes_____ No _____**

PRINTED NAME OF PARTICIPANT: _____

Participant Signature: _____ **Date:** _____

VetsRoll, Inc® Medical Information (Medical Page 1 of 3)

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ State: _____ Zip: _____ Gender: _____ M _____ F

Home Phone: (_____) _____ Cell Phone: (_____) _____

Emergency Contact Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Physician's Name: _____ Facility: _____ City: _____ State: _____

Phone Number: _____ After Hours Phone Number: _____

Do you live at home? ____ Assisted Living?____ Nursing Home? ____

Medical History (please check all that apply):

____ Asthma	____ Bronchitis	____ Cancer	____ Cardiac disease
____ CHF	____ COPD	____ Dementia	____ Depression
____ Diabetes	____ Dialysis*	____ Emphysema	____ Gastrointestinal
____ Hepatitis	____ HIV/AIDS	____ Hypertension	____ Liver failure
____ Psychological	____ Pulmonary Edema	____ Renal failure	____ Seizures**
____ Smoker	____ Stroke/CVA/TIA	____ TB	____ Thyroid
____ Parkinson's	____ Anxiety	____ Depression	

Current Medications (Attach Print-Out, if Available):

_____
_____
_____
_____
_____

*Are you on dialysis for kidney problems? _____ Yes _____ No (If yes, describe type and frequency): _____

**If you have a history of seizures, please describe (i.e., grand mal; petit mal; focal, etc.):

_____

Please list any other medical issues or concerns that are not listed above: _____

_____

_____

PLEASE NOTE: If you have experienced seizure activity within the past five years, we urge you to discuss this trip with your physician.

VetsRoll, Inc® Medical Information (Medical Page 2 of 3)

Drug Allergies:

_____

_____

_____

Do you use mobility equipment? ___Yes ___No ***If yes,*** what type(s)? ____Cane(s) ____Walker ____Wheelchair

- Note: power/electric wheelchairs or scooters are not allowed on the trip.

Do you use oxygen? ____Yes ____No ***If yes***, what is your liter flow? _____

If yes , frequency of use? ____Continuous ____Nighttime ____As Needed

Do you use any of the following? ____Nebulizer ____CPAP ____BiPap

- **If yes, please remember to bring your equipment with you for the trip.** You need to make arrangements with your oxygen provider to bring a concentrator with you, either a portable unit or your home concentrator.

Are you able to walk at least two hundred feet without assistance? ____Yes ____No
If no, please describe why you cannot: _____
_____

Do you require assistance with your activities of daily living? ____Yes ____No
If yes, I require assistance with: ____bathing ____dressing ____eating ____getting in/out of bed

Do you use a colostomy or urostomy bag? ____ Yes ____No **If so, do you need assistance in caring for it? ____**Yes ____No

Please describe any other personal daily needs you may have:
_____
_____
_____

Do you require a handicap accessible hotel room or any other such accommodation? ____Yes ____No
If yes, please describe your needs. Please note, we may not be able to honor all requests due to availability at hotels.
_____
_____
_____

Are you able to lay flat to sleep on a bed? ____ Yes ____No
If not, please describe your needs: _____
_____

Are you able to transfer yourself from a wheelchair to a chair, bed or toilet? ____ Yes ____No
Do you use hearing aids? ____Yes ____No If yes, please bring extra batteries with you.
Do you use a Glucometer? ____Yes ____No If yes, please remember to bring it with you.
Do you have a Pacemaker? ____Yes ____No
Do suffer from motion sickness while riding? ____Yes ____No ____Occasionally
If yes, VetsRoll, Inc® requires your physician to provide medications or approval to travel.

<u>VetsRoll, Inc® Medical Information</u> **(Medical Page 3 of 3)**

Do you have any special dietary needs that VetsRoll, Inc® should be aware of? ____ Yes ____No

If yes, please explain: (Please be specific.) For example: Do you have any food allergies? Do you have trouble swallowing? Do you have trouble chewing?:

____

____

____

Participant's Signature: ______________________________ Date: ________________

For more information: www.VetsRoll.org OR E-mail us at Mark@VetsRoll.org OR 'Like' VetsRoll.org on Facebook
Phone: 815-389-9630 (Mon-Fri) 9a to 5p (CT) or call Mark at 608-207-8319
VetsRoll, Inc® is a Wisconsin Non-Profit Corporation & an IRS 501(c)(3) Public Charity

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<u>Frequently Asked Questions:</u>

Q) How does VetsRoll, Inc® determine who gets to go on the trip?

A) All Veterans must have been active duty by 12-31-1975, or earlier and honorably discharged (DD-214).

B) Veterans are placed on the waitlist by date order of when we first received their info.

C) Veterans ages 85+ February 15, 2027 will bypass the waitlist and travel on the 2027 trip, if received in time.

Q) Does VetsRoll, Inc® offer pre-trip and post-trip rooms for out-of-the-area guests?

A) VetsRoll, Inc® reserves blocks of local rooms (for double occupancy) at several area hotels. It is the Veteran's responsibility to contact these facilities and book and pay for these rooms at check-in on Sat/Wed evenings.

B) VetsRoll, Inc® provides complimentary shuttles to and from the local hotels.

Q) Does VetsRoll, Inc® allow spouses or significant others to travel as companions?

A) Only spouses or significant others who are themselves eligible Veterans may travel as a companion/assistant.

Q) Is there any costs incurred for a Veteran on the VetsRoll trip?

A) The four days of the trip are essentially free, with the exception of snacks/souvenirs at a few stops.

B) If a Veteran chooses the pre/post hotels, that fee is the guest's expense.

C) Travel costs incurred to and from Beloit/Rockford area are the guest's own expense.


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